

Camp Sonshine Portugal - Registration Form 2024

Camp Selection

Select the Camp(s)¹ you want to attend from the list (please tick) <small>¹You may register for either youth week camps. Campers may only attend 1 week of camp, if you wish to do 2 weeks you will be placed on a waiting list for your 2nd preference week and nearer July we will confirm if we can offer you a place for an additional week.</small>	Week 1 - Kid's Week 7-11 years old 13/07/2024	08/07/2024 -
	Week 2 – Youth Week 12+ years old 20/07/2024	15/07/2024 -
	Week 3 – Youth Week 12+ years old 27/07/2024	22/07/2024 -

Camper's Name

Camper's Forename	
Camper's Surname	

Camper's ID

Camper's ID Type (ID Card or Passport)	
Camper's ID number (ID Card number or Passport number)	
Camper's ID Expiry Date dd/mm/yyyy	

Camper's Gender & Date of Birth

Date of Birth	
Age	
Gender (please tick)	Female Male

Address Details

Camper's Address Line 1	
Camper's Address Line 2	
Camper's Town / City	
Camper's County / State / Provence	

Camper's Postcode	
Camper's Country	
Camper's Telephone Number	
Camper's Mobile Number	
Camper's eMail address	

Is your Parent's address the same as the Camper's address? (Yes / No)	
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Parent or Guardian's Details

Title	
Forename	
Surname	

Parent or Guardian's ID

Parent or Guardian's ID Type (ID Card or Passport)	
Parent or Guardian's ID number (ID Card number or Passport number)	
Parent or Guardian's ID Expiry Date dd/mm/yyyy	

Parent or Guardian's Contact Details

Relation to Camper	
Address Line 1	
Address Line 2	
Town / City	
County / State / Province	
Postcode	
Country	
Telephone Number	
Mobile Number	

Parent's eMail address	
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Health and Diet

Do you have any health issues? (Yes / No)	
If so what are they	
Do you have any allergies? (Yes / No)	
If so what are they	
Any dietary needs? (ex: vegetarian) (Yes / No)	
If so what are they	
Other than food allergies, are there any foods you do not eat? (Yes / No)	
If so what are they	

Details of your Health Care

We require your Portuguese Health ID number or if you live outside Portugal the name and policy number of your Health Insurance policy.

Name of Health care provider	
Health care ID / Insurance Policy Number	

Accommodation Sharing

Do you have any family or friends also attending as a camper for the same week that you wish to share with?	
You may enter the names of up to two people of the same gender who are attending the same camp. This is to allocate sleeping accommodation	

Terms and Conditions

I confirm I have read and that I accept Camp Sonshine's Terms and Conditions	
Signature	
Date	

Completed forms should be scanned and emailed to registration@campsonshineportugal.org